

The Urban District of Esher



ANNUAL REPORT

of the

Medical Officer of Health

and

School Medical Officer

together with the Report of the

Chief Public Health Inspector

for the year

1970

ESHER URBAN DISTRICT COUNCIL

*With the Compliments
of the
Medical Officer of Health*

DR. ERIC PEREIRA,
COUNCIL OFFICES, ESHER, SURREY.
TEL: ESHER 62241

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THE URBAN DISTRICT OF ESHER

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year

1970

ESHER URBAN DISTRICT COUNCIL

HEALTH COMMITTEE

1970

Chairman: Councillor Mrs. N.M. Shilson

Vice-Chairman: Councillor Mrs. J.Green

Councillor	E. Anstey, Ph.D.
"	E.J. Harding
"	D.W. Hobson
"	E.R. Huntingford
"	C.V. Mackenzie
"	D. Newton, F.C.I.I., F.C.I.B.
"	S.W. Porter
"	K.P. Sexton
"	Mrs. E.A. Stuart Lee
"	Mrs. L. Swann
"	Mrs. P.V. Ullman
"	E.B. Whitehouse, A.C.I.I.

Ex-officio Members:

Councillor Leonard A. Speller, O.B.E.
(Chairman of the Council)

Councillor Alan E.A. Charlton, F.C.A.
(Vice-Chairman of the Council)

HEALTH DEPARTMENT

Staff

Medical Officer of Health

E. Pereira, M.B., B.S., D.P.H.

Medical Officers (Full Time)

V. Simmons, M.R.C.S., L.R.C.P., D.C.H. (resigned 31.12.70.)
E.V. Fraser, M.B., B.S., M.R.C.S., L.R.C.P.

Chief Public Health Inspector

F.L. Barker F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector

C.F. Packham, M.A.P.H.I.

Additional Public Health Inspectors

S.C. Baker, M.A.P.H.I., A.V.I.

C.L. Hunt, M.A.P.H.I.

District Nursing Officer

Miss J.M. Cole, S.R.N., S.C.M., H.V.

Senior Social Worker

G.W. True, M.A.F.C.W., A.I.S.W., C.S.W.

Public Health Nurse

Mrs. L. Robinson, S.R.N.

Home Help Organiser

Miss S.J. Boden, (part-time)

Senior Administrative Officer

Mrs. M. Mitchell

Senior Clerk

Miss D. Arnell

URBAN DISTRICT OF ESHER

Health Department,
Esher Lodge,
Old Church Path,
Esher.

July, 1971

To the Chairman and Members of the
Esher Urban District Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1970, which has been prepared in accordance with Circular 1/71 of the Department of Health and Social Security.

The Report deals with all aspects of the work of the Health and Welfare Department and is divided into four parts - General and Statistical; Personal Health and Welfare; School Health; and Environmental Health, which comprises the report of the Chief Public Health Inspector.

The incidence of communicable disease was exceptionally low during 1970 and the comparative statistics confirm that Esher is a healthy community.

Co-operation between the various sections of the Department has been excellent and this has been instrumental in providing a good service for the public. The passing of the Social Services Act 1970 means a separation between the Personal Health and the Personal Social Services, which could lead to reduced co-operation and efficiency. The separation will be even more complete in 1974, when Local Government Reorganisation and Area Health Boards come into operation. Great efforts will be needed to maintain the happy relationships which have grown up in the district over the past five years.

I have to thank the Chairman and Members of the Health Committee for their support throughout the year, my colleagues in other Departments and my staff for their ready co-operation.

I am, Ladies and Gentlemen,

Your obedient Servant,

ERIC PEREIRA

Medical Officer of Health.

PART I

GENERAL AND STATISTICAL

POPULATION

The Registrar General's estimate of the population for mid-1970 was 63,320. This may be compared with his estimate of 63,190 for the previous year and the census 1961 figure of 60,610.

Births - During the year 745 live births were registered (369 males and 376 females) compared with 745 in 1969.

The corrected birth rate per thousand population was 12.9 being the same as last year.

There were 39 premature births and of these 36 survived.

Deaths - The total number of deaths occurring amongst residents was 667 (299 males and 368 females) compared with 684 in 1969.

The corrected death rate was 10.2 per thousand population.

The death rate, infant mortality and still-birth rates all compare favourably with those for England and Wales.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Services provided by the Regional Hospital Board - Kingston Hospital is the main general hospital for the district providing both in-patient and out-patient facilities. The catchment area includes Hinchley Wood, The Dittons, East and West Molesey, Claygate and Esher. Cobham and Oxshott come within the Epsom District Hospital Group and the residents are similarly served by the general hospital.

Cases of notifiable infectious disease are normally admitted to Wandle Valley Hospital.

In addition the needs of the residents and the General Medical Practitioners are conveniently met by three small hospitals - Molesey Hospital, Thames Ditton Hospital and Cobham Hospital. Residents also make use of facilities provided by the Teaching Hospitals in the London area.

Laboratory Services - The laboratories of the Kingston and Epsom

Hospitals are available for examination of specimens sent in by General Practitioners.

The Ministry of Health Public Health Laboratory, Epsom, is available for the examination of any pathological specimens and the bacteriological examination of samples of milk, ice-cream, and water. The staff of the Laboratory are prepared to advise and assist the Medical Officer of Health in cases of outbreak of communicable disease.

Mortuary Service - A mortuary located within the grounds of Epsom Hospital covers the needs of the district and for this service an annual payment is made to the Authority concerned.

Occasionally on the instruction of the Coroner's Officer bodies are directed to the Mortuary at Feltham. A new mortuary is being built as part of the redevelopment of Epsom District Hospital. The cost of the project has been borne by the Regional Hospital Board and, on a population basis, by the authorities which make use of the facilities. It is expected that the new mortuary will be in use early in 1971.

During the year 62 bodies were received in Epsom and Feltham Mortuaries from this district.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The Public Health (Infectious Diseases) Regulations, 1968.

The number of cases of infectious diseases notified was very moderate during 1970.

Dysentery

Fourteen cases were notified and of these 13 were due to *Shigella sonnei*. The cases were confined to individual households and there was no spread in schools or within the community.

One case was a woman who was ill enough to require admission to hospital where it was found that she was infected with *Shigella flexneri*.

It was not possible to establish the source of infection.

Food Poisoning

Nineteen cases of food poisoning were notified - the majority being caused by *Salmonella* organisms of various types.

Two cases were due to *Clostridium welchii* and occurred in two pupils at a boarding school. More than 20 other pupils had symptoms of food poisoning and evidence suggested that the source of infection was minced beef eaten at the evening meal of the previous day.

After cooking, the food was kept for some hours in warming ovens which were not hot enough to prevent multiplication of any contaminating organisms.

All pupils made rapid recoveries and no further cases occurred.

The remaining cases of food poisoning were confined to individuals in small family groups. In one case the patient was a cook at an institute who had been similarly infected in 1969. It was thought that perhaps she was a 'carrier' and, as such, unfit to continue as a cook. However, bacteriological investigation showed that the organism was a *Salmonella* of a different type with which she had almost certainly become infected when on holiday in Italy. She made a full recovery and was allowed to return to duty.

Typhoid Fever

After returning from a holiday in Spain a little Spanish girl aged 3 became ill, was admitted to hospital, and was found to be suffering from typhoid fever.

The family had been staying at a farm where the water supply was from a well. The Spanish Ambassador was informed and passed the information to the Spanish authorities.

The child's mother worked at a Fish Bar in Kingston and two males, who were close contacts, worked as waiters in this district. All three were excluded from work until it could be proved that they were free from infection.

The child was extremely ill, but eventually made a complete recovery and there were no further cases.

Measles

During 1968 a very active programme of vaccination against measles was carried out and this greatly reduced the number of cases notified in 1969. In 1969 one of the vaccines was withdrawn as some severe reaction had been reported and this led to a shortage of vaccine. As a result rather more cases occurred in 1970 than would otherwise have been expected. Of the 133 cases which occurred, only four had received the vaccine and these children suffered only a mild illness.

In accordance with the policy of the Department of Health and Social Security every effort is being made to obtain a high vaccination rate with a view to eradicating the disease from the country.

Infective Jaundice

Seventeen cases were notified and investigation failed to reveal the source of infection. This is a troublesome disease with a long incubation period which is most difficult to control.

The following statistical tables provide more detailed information on matters which are the concern of the Health and Welfare Department. Statistical information specifically relating to environmental health is contained in the report of the Chief Public Health Inspector which forms Part IV of this Report.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	..	..	..	..	14,846
Registrar General's estimate of resident population (Mid 1970)	..	..	..	..	63,320
Number of inhabited houses - end of 1970 - according to rate books	..	..	..	..	21,761
Rateable value,	..	..	..	..	£4,393,235
Product of a penny rate 1970/71	..	..	..	..	£17,500

Extracts from Vital Statistics:-

					Total	M.	F.
<u>BIRTHS</u>							
Live Births	..	..	..	..	745	369	376
Legitimate	..	..	..	..		350	356
Illegitimate	..	..	..	..		19	20
Live birth rate per 1,000 of the estimated population	..	..	11.80				
Corrected live birth rate	..	..	12.90				
Illegitimate live births per cent of total live births	..	..	5.00				
					Total	M.	F.
Still-births	..	..	..	..	7	4	3
Legitimate	..	..	..	..		4	3
Illegitimate	..	..	..	..		-	-
Still-births rate per 1,000 live and still-births	..	..	9.00				
					Total	M.	F.
Total live and still-births	..	..			752	373	379

DEATHS

			Total	M.	F.
Total deaths from all causes	..	..	667	299	368
Death rate per 1,000 of the estimated population	..	10.50			
Corrected death rate	..	10.20			
			Total	M.	F.
Infant deaths (under 1 year of age)			6	4	2
Legitimate	..	..		3	1
Illegitimate	..	..		1	1
Infant mortality rate per 1,000 live births	..	8.00			
Infant mortality rate per 1,000 legitimate live births	..	6.00			
Infant mortality rate per 1,000 illegitimate live births	..	51.00			
			Total	M.	F.
Neo-natal (first four weeks) mortality			4	3	1
Rate per 1,000 live births	..	5.00			
			Total	M.	F.
Early Neo-natal Mortality (under 1 week of age)			3	-	3
Rate per 1,000 live births	..	4.00			
Maternal deaths (including abortion)		Nil			
Maternal mortality rate per 1,000 live and still births	..	Nil			
			Total	M.	F.
Perinatal mortality (still-births and deaths under one week combined)	..		10	4	6
Rate per 1,000 total live and still-births	..	13.00			

CAUSES OF DEATH

Classification

<u>List No.</u>		M.	F.	Total
B 4	Enteritis and other diarrhoeal diseases	-	1	1
B 5	Tuberculosis of respiratory system	1	-	1
B 17	Syphilis and I T S sequelae	-	1	1
B 19(1)	Malignant neoplasm, buccal cavity etc	2	1	3
B 19(2)	Malignant neoplasm, oesophagus	3	1	4
B 19(3)	Malignant neoplasm, stomach	11	2	13
B 19(4)	Malignant neoplasm, intestine	13	15	28
B 19(5)	Malignant neoplasm, larynx	-	1	1
B 19(6)	Malignant neoplasm, lung, bronchus	45	7	52
B 19(7)	Malignant neoplasm, breast	-	14	14
B 19(8)	Malignant neoplasm, uterus	-	5	5
B 19(9)	Malignant neoplasm, prostate	2	-	2
B 19(10)	Leukaemia	1	6	7
B 19(11)	Other malignant neoplasms	18	23	41
B 20	Benign and unspecified neoplasms	-	1	1
B 21	Diabetes mellitus	1	5	6
B 46(1)	Other endocrine etc diseases	1	1	2
B 46(3)	Mental disorders	1	1	2
B 24	Meningitis	1	-	1
B 46(5)	Other diseases of nervous system	3	2	5
B 26	Chronic rheumatic heart disease	3	7	10
B 27	Hypertensive disease	2	9	11
B 28	Ischaemic heart disease	79	67	146
B 29	Other forms of heart disease	15	34	49
B 30	Cerebrovascular disease	19	63	82
B 46(6)	Other diseases of circulatory system	12	31	43

CAUSES OF DEATH (Continued)

		M.	F.	Total
B 31	Influenza	3	2	5
B 32	Pneumonia	19	24	43
B 33 (1)	Bronchitis and emphysema	22	6	28
B 33 (2)	Asthma	-	1	1
B 46 (7)	Other diseases of respiratory system	3	1	4
B 34	Peptic ulcer	1	2	3
B 36	Intestinal obstruction and hernia	1	3	4
B 37	Cirrhosis of liver	-	1	1
B 46 (8)	Other diseases of digestive system	1	4	5
B 39	Hyperplasia of prostate	1	-	1
B 46 (9)	Other diseases, genito-urinary system	2	2	4
B 46 (10)	Diseases of skin, subcutaneous tissue	-	1	1
B 46 (11)	Diseases of musculo-skeletal system	-	1	1
B 42	Congenital anomalies	3	1	4
B 44	Other causes of perinatal mortality	1	-	1
B 45	Symptoms and ill defined conditions	-	3	3
BE 47	Motor vehicle accidents	2	8	10
BE 48	All other accidents	3	7	10
BE 49	Suicide and self-inflicted injuries	3	3	6
BE 50	All other external causes	1	-	1
Total		299	368	667

DEATHS - AGE GROUPS

	Under 4 weeks	4 weeks & under 1 year	1 - 4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over	Total
MALES	3	1	1	-	2	-	2	30	64	89	107	299
FEMALES	1	1	3	2	5	2	5	15	45	60	229	368
TOTAL	4	2	4	2	7	2	7	45	109	149	336	667

STATEMENT SHOWING WHERE DEATHS OCCURRED

In this district	347
Hospitals outside district	264
Died in other districts	56
	<hr/> 667 <hr/>

CAUSES OF DEATH OF INFANTS

	Total number of deaths	Age at death
Congestive heart disease	1	12 days
Bronchopneumonia	1	11 weeks
Multiple congenital heart disease	1	1 day
Prematurity	3	Under 24 hours 2 days 5 weeks

COMPARATIVE STATISTICS - 1970

	Live Births Rate per 1,000 Population	Stillbirths Rate per 1,000 (Total Live and Still)	Deaths (All ages) Rate per 1,000 Population	Deaths (Under one year) Rate per 1,000 Related Live Births	Deaths (Under 4 weeks) Rate per 1,000 Live Births
England & Wales	16.0	13.0	11.7	18.0	12.0
Esher ..	12.9	9.0	10.2	8.0	5.0

NUMBER OF ALL NOTIFICATIONS RECEIVED YEARLY DURING THE PAST SIX YEARS

	1965	1966	1967	1968	1969	1970
Acute encephalitis ..	-	2	-	-	-	-
Dysentery ..	79	39	4	3	25	14
Food poisoning ..	-	-	8	1	56	19
Infective jaundice ..	-	-	-	3	30	17
Malaria ..	-	-	-	-	1	-
Measles ..	864	218	548	43	36	133
Ophthalmia neonatorum ..	-	-	-	1	-	-
Paratyphoid fever ..	1	2	-	-	1	-
Scarlet fever ..	23	15	-	11	16	4
Tuberculosis (all forms) ..	10	15	13	11	10	12
Typhoid fever ..	1	-	-	-	-	1
Whooping cough ..	9	10	16	10	2	10

DIPHTHERIA IMMUNISATION

Number of children immunised for the first time during the year:-

(a)	Pre-school children (under 5 years)	..	634
(b)	Between 5 and 15 years	..	13

Number of children given reinforcing doses during 1970 1006

Total number of children immunised during last five years:-

(a)	Under 5 years	..	..	5635
(b)	Between 5 and 15 years	..	..	5238

VACCINATION AGAINST SMALLPOX

Analysis of vaccinations of children at Welfare Centres and Private Doctors' Surgeries:-

Primary Vaccination	..	..	..	616
Revaccination	..	..	..	542
				<hr/> 1158 <hr/>

TETANUS IMMUNISATION

AGE

At date of final
injection

0-4	5-15	Total
years	years	

Number of children who have completed a primary course of three injections whether single or combined during the year ended 31st December, 1970 ..

634	58	692
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Number of children who received a reinforcing dose ..

232	1356	1588
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WHOOPING COUGH IMMUNISATION

Number of children who have completed a primary course of 3 injections during the year ended				
31st December, 1970	..	..	..	632
Number of children given a reinforcing dose	..			120

POLIOMYELITIS VACCINATION

				Number of Persons who completed a Primary Course of Treatment in 1970
<u>Age Group</u> - Born in				
1970	..	..		9
1969	..	..		518
1968	..	..		91
1967	..	..		5
1963/6	..	..		15
Others	..	..		29
				<hr/> 667 <hr/>

In addition 1492 reinforcing doses were given during the year.

Vaccination against Measles.- During the year 830 children were given protective injections.

Vaccination against Tuberculosis.- This is reported more fully in the School Health Section.

456 children were given B.C.G. during the year.

TUBERCULOSISNotificationsRespiratory Tuberculosis

Ten cases of respiratory tuberculosis were notified during the year, viz:- 7 males and 3 females, and there was one death from this cause. The corresponding figure for 1969 was 10.

Non-Respiratory Tuberculosis

Two new cases of non-respiratory tuberculosis were notified during the year. No cases were notified in 1969.

ANALYSIS OF CASES AND DEATHS FOR 1970

Age Periods	New Cases		Deaths	
	Respiratory M. F.	Non-Respiratory M. F.	Respiratory M. F.	Non-Respiratory M. F.
0-4	- -	- -	- -	- -
5-14	- -	- -	- -	- -
15-24	1 1	- -	- -	- -
25-44	3 -	- -	- -	- -
45-64	1 -	1 1	1 -	- -
65 and upwards	2 2	- -	- -	- -
Totals	7 3	1 1	1 -	- -

TUBERCULOSIS REGISTER

	Pulmonary		Non-Pulmonary		Total	
	M.	F.	M.	F.	M.	F.
Number of cases on register 1st January 1970	56	37	3	11	59	48
New cases notified ..	7	3	1	1	8	4
Cases moved into district	-	3	-	-	-	3
TOTAL ..	63	43	4	12	67	55
Deaths from tuberculosis	1	-	-	-	1	-
Deaths from other causes	1	-	-	1	1	1
Removed from district	6	-	-	1	6	1
Recovered ..	3	2	-	-	3	2
TOTAL REMOVED FROM REGISTER	11	2	-	2	11	4
Number of cases on register 31st December 1970	52	41	4	10	56	51

MASS RADIOGRAPHY SERVICE

General Practitioners' Service

Number of patients referred	..	516
Cases of Pulmonary Tuberculosis	..	-
Cases of Lung Cancer		2

Public Mass Radiography Service

1837

Cases of Pulmonary Tuberculosis	..	1
Cases of Lung Cancer	..	-

Employees of Esher Urban District Council referred by Medical Officer of Health as part of medical examination prior to employment - 41.

PART II

THE PERSONAL HEALTH AND WELFARE SERVICES

PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

These services are provided by your Medical and Dental Officers, Health Visitors and District Nurses and Midwives, working in the clinics and in the homes.

They comprise ante- and post-natal care of the mother, and care of the pre-school child.

Domiciliary confinements are now so few that Midwives no longer hold ante-natal sessions at the local clinics - they are able to give all necessary care in the patients' own homes.

Ante- and post-natal care of mothers booked for hospital is given by the hospital concerned, by General Practitioners, and by Medical Officers at the local authority clinics. Those who book early are encouraged to attend the local clinic for mothercraft and relaxation classes provided by the Health Visitors and Midwives respectively.

Child Care - Essentially this consists in observing the mental and physical development of the child from birth until school entry, when the school health service comes into operation.

Medical Officers have been or are being trained in developmental paediatrics, and are able to note any deviation from the normal by examining the children at regular intervals. This is the best way of discovering at an early age any abnormality which may be amenable to early treatment.

Similarly Health Visitors are trained to observe early signs of mental or physical abnormality, both in the clinic and in the home environment. They frequently become aware of problems which are , affecting the welfare of the family, and by suitable advice or action are able to prevent the situation deteriorating.

Sufficient sessions are provided at the local clinics to allow for periodic medical examination, and for advice and health education by the Health Visitors. In addition, the following special arrangements are made and tests carried out in an endeavour to diagnose early any abnormality:-

Observation Register 1970

No. of babies born in 1970 considered at risk	..	278
Total number of adverse factors	.. ..	461

Pre-natal factors

Rubella or other virus infection in first 16 weeks of pregnancy	.. .. .	1
Blood incompatibilities, e.g. rhesus sensitisation		11
Hyperemesis	.. .. .	8
Ante-partum haemorrhage	.. .. .	30
Severe illness or major surgery during pregnancy		6
X-ray other than chest x-ray	.. .. .	23
Thyrotoxicosis	.. .. .	1
Diabetes	.. .. .	-
Toxaemia	.. .. .	66
Other complications of pregnancy - anaemia, pyelitis, etc.		9
Psychiatric illness in pregnancy	.. .. .	4

Peri-natal factors

Prolonged or difficult labour	.. .. .	8
(a) Forceps delivery	.. .. .	63
(b) Breech delivery	.. .. .	24
(c) Caesarian section	.. .. .	32
(d) Multiple birth	.. .. .	9
Post-maturity	.. .. .	19
Birth weight under 5½ lbs., gestation under 36 weeks		18
(a) Small for dates	.. .. .	6
Foetal distress	.. .. .	14
Birth asphyxia	.. .. .	15
Prolonged poor sucking	.. .. .	4

Post-natal factors

Jaundice	.. .. .	23
Convulsions	.. .. .	-
Respiratory distress, cyanotic attacks	.. .. .	3
Suspected congenital abnormalities	.. .. .	5
(16 certified and registered on National Register of Congenital Abnormalities)		

Genetic factors

Family history of deafness or blindness, etc.	..	31
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continued

Social factor

Illegitimacy, adoption, problem families, etc. .. 28

All babies in which there have been any adverse factors during their mother's pregnancy or delivery, or during their early life, are entered on the Observation Register. The progress of such babies is observed carefully so that any abnormalities may be detected and treated as soon as possible.

The vast majority of these babies progress entirely satisfactorily and when it is clear that they are developing normally in all respects their names are removed from the Observation Register.

Of 752 children born in 1970, 278 were initially placed on the Observation Register. 18 congenital abnormalities were notified, involving 16 babies. Only 2 children born in 1970 were placed on the Handicapped Register.

Care of Premature Infants - All infants weighing less than $5\frac{1}{2}$ lbs. at birth are classified as premature. When born at home they are transferred to hospital unless the doctor and midwife are satisfied that conditions in the home are entirely satisfactory.

When infants are born prematurely in hospital, the Health Visitor is informed before discharge in order that close supervision can be maintained.

During the year 39 infants were born prematurely (all in hospital) and of these 36 survived for over 28 days.

Test for Phenylketonuria - This is a rare condition which, if undiagnosed, leads on to mental defect. If discovered early enough, and before the brain has been damaged, it can be treated by special diet, with most encouraging results.

A drop of blood is taken by the Midwife from every six-day-old baby and is forwarded to the Pathologist, Queen Mary's Hospital, Carshalton, who then carries out the Guthrie Test for phenylketonuria.

Hearing Test - Every baby is given a special hearing test by the Health Visitor at about age 8 months. If the baby fails the test, or there is any doubt, the child is referred to the County Audiologist for expert opinion. Early detection of defective hearing, and use of a hearing aid, can prevent a child becoming mentally retarded and defective of speech. 37 children under 5 years of age were referred for special examination during the year.

Family Planning - Accommodation at the local authority clinics is made available to the Family Planning Association, who act as agents for the County Council and provide day-time and evening sessions. Recently an additional session has been provided at the Esher Clinic, and the needs of the district appear to be met.

In general, charges are made for consultation and supplies, but where family planning is required on account of the wife's health there is a right to completely free treatment under arrangements made by the Surrey County Council with the Family Planning Association. In the case of families requiring treatment on social grounds, charges can be partly or wholly remitted under the same arrangements. These arrangements can be readily made through the Health Visitors, District Nurses and Midwives.

Well Women Clinics - Sessions are held at the clinics at Molesey, Cobham and Long Ditton, to which women over 35 years of age are encouraged to attend for a general medical examination and for a cervical smear to be taken to eliminate the possibility of early carcinoma of the cervix uteri.

Cervical smears are also taken at the Family Planning Association's sessions and by several local General Practitioners.

Smears taken during the year at the local clinics were as follows:

Local authority clinics	-	691
Family Planning clinics	-	76
Total	-	<u>767</u>

Carcinoma of the cervix is most common in women in social groups III and IV but despite the efforts and encouragement of the Health Visitors and Midwives, their attendance is poor. An advertising campaign is to be launched in the hope that this service will be used to greater advantage.

Dental Care - Dental inspection and treatment is offered to expectant and nursing mothers and pre-school children by the Council's School Dental Officer at Molesey and Cobham Clinics.

During the year 15 mothers and 91 children under 5 were inspected and given any treatment required.

MIDWIFERY

Under the scheme of delegation the County Council remains the "local supervising authority", but this Council is responsible for ensuring that the maternity services are adequate for the needs of the area.

In addition to undertaking confinements, the Midwives act as Maternity Nurses to doctors who conduct their confinements, and in respect of cases discharged from hospital before the tenth day.

The following is a summary of the work of the domiciliary Midwives during the year:-

By Midwife only	-	9
By Midwife and Doctor	-	7
Inhalation analgesics administered	-	9
Number of early discharges	-	220
Percentage of babies born at home	-	2.1%
Total maternity visits		
ante-natal and post-natal	-	2172

Notification of Births

Domiciliary	-	16
Hospital or nursing home	-	736
Total	-	<u>752</u>

Work at local authority ante and post-natal clinics

Number of women attended	-	82
Number of attendances	-	425

The number of births is almost the same as in the previous year, but once again the number of home confinements has fallen sharply. To balance this the number of early discharges from hospital has again increased.

This pattern has been developing for some years past and the District Midwife is gradually taking on the functions of a Maternity Nurse. The time must come when arrangements are made for the Midwife to take her patient into hospital, deliver her and return home with her or, alternatively, for the Midwife to work from the maternity hospital and to go out into the district to provide ante and post-natal care.

Maternal Death

Unfortunately there was one maternal death during the year. This was a young mother who normally lives in Storrington, Sussex, and who came to live with a relative in this district prior to her confinement. She was booked for admission to Kingston Hospital. She became extremely ill with toxæmia of pregnancy and was admitted to hospital for an emergency Caesarean Section. The baby was very premature and died after 6 hours, and the mother died of renal failure three weeks later. The deaths of mother and baby are not included in the statistics for this district, but have been transferred by the Registrar General to Sussex.

HOME NURSING

Esher employs 14 whole-time District Nurses, of whom 4 undertake the combined duties of District Nurse/Midwife. Each has her own district, but for convenience of administration they work in "groups", relieving each other for off duty times. In addition, there are 3 part-time nurses doing regular work and able to increase their hours as required to cover holidays and sickness.

They work under the General Practitioners, who contact them direct when they require their services for a patient.

About 70 per cent of the time of the District Nurses is spent assisting the elderly and the chronic sick.

The following is a summary of their work -

Number of patients attended (excluding maternity)	-	1,236 (809 aged 65 and over)
Total number of visits paid (excluding maternity)	-	33,528

Considerable difficulty has been experienced in the recruitment of part-time Nursing Auxiliaries, which has entailed fully trained staff spending time on unskilled duties. It is hoped, however, that this situation will be improved in the coming year.

HEALTH VISITING

The district has a staff of 12 general Health Visitors (one belonging to the County relief staff) of whom 10 are in full-time employment and 2 are part-time. One Health Visitor devotes half her time to health education.

In addition to the above, a Health Visitor devotes half her time to tuberculous and other Chest Clinic patients, and otherwise cares for the elderly as Geriatric Health Visitor in the Cobham area. Two other part-time Health Visitors supervise the well-being of the elderly in Claygate, Esher, The Dittons and Hinchley Wood. Geriatric patients in Molesey and Oxshott are supervised by the general Health Visitors.

Group Attachment to General Practitioners

The policy in the County, and the country as a whole, is to attach Health Visitors and District Nurses to groups of General Practitioners. In these circumstances, the nursing staff work only among families on the lists of the General Practitioners concerned, and this provides for very close co-operation between doctors and nurses, and is greatly to the advantage of the patients. The nursing staff are able to undertake additional duties, such as follow-up visits, immunisation, etc., and this can be a great relief to overworked doctors and an added interest to the nurses.

Ideally the medical and nursing staff should work from Health Centres, but this has not yet come about in this district.

A successful scheme has been operating in Molesey for some time past in which three Health Visitors and two District Nurses are attached to a Group Practice of five doctors. In Claygate a Health Visitor and a District Nurse have been attached to a group of three doctors. This is working excellently and the load on the nursing staff is increasing.

There is, in addition, a partial attachment of a Health Visitor to a partnership of two other doctors in Claygate, which provides for closer co-operation between doctors and nurse.

An offer to attach staff to a doctor partnership in Cobham has been made but has not yet been taken up as the doctors feel that in that circumscribed community co-operation is already adequate.

Otherwise the doctors are mainly in single-handed practice and successful attachment schemes cannot be made in these circumstances. I have no doubt that in the course of time the situation will change as "group" practice provides so many advantages for the doctors concerned.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis and Diseases of the Chest:

The Chest Clinic for residents of the whole of the Urban District is located at Kingston Hospital. Originally such clinics were set up specifically for the diagnosis and treatment of tuberculosis, but with the steady decline in the incidence of this disease, the clinics have assumed responsibility for the diagnosis, treatment and care of patients suffering from other diseases of the chest.

The Consultant in charge has control of in-patient beds and can arrange admission to hospital as required. While remaining a separate entity functions such as chest x-ray, social work etc., have been taken over by appropriate departments of the general hospital.

Skin tests were carried out on 78 patients and of these 31 were vaccinated with B.C.G. to give protection against tuberculosis.

The Chest Clinic has a Voluntary Care Committee for raising funds, which are supplemented by the local authorities in the Clinic catchment area. The money is used to help patients to obtain extra food, clothing, bedding, and other necessities.

The Standing Conference of Care Committees hires beach chalets to provide holidays for a number of families of those who attend the Chest Clinic, and the Surrey Education Committee makes Sheephatch School available for child contacts for two weeks each summer.

The County Occupational Therapy Unit employs trained staff, who will visit the patient's home and provide all the necessary instruction and materials for suitable therapy.

Care of the Elderly:

During the year three Health Visitors were each devoting half their time to the care of the elderly. In addition the Health Visitors attached to Group Practice in the Molesey area combine this work with their general health visiting. This arrangement has proved outstandingly successful as it has been found that by seeking out the elderly who are in need of help or supervision, case loads have risen to over 300 for each Health Visitor, and a great deal of helpful preventative work has been done.

Experience shows that the demand continues to grow and it is hoped to attach a Health Visitor to the Molesey Group Practice for Geriatric work in the near future.

Screening Clinics for the Elderly:

Weekly sessions for the care of the elderly are held at Long Ditton, Cobham, Molesey and Esher.

All clinics are well attended and I think that they provide a worthwhile service. The organisation of these sessions is in the hands of the Geriatric Health Visitors, and new attendances have steadily increased. Once a month a Medical Officer attends to provide medical cover and to refer to the general practitioner any elderly person found to be in need of treatment. Advice is given on diet, and useful food supplements are available at reduced prices. Facilities exist for simple physiotherapy, chiropody, provision of hearing aids and chest x-rays. Reports on the findings are sent to the general practitioner periodically, and treatment such as physiotherapy is only provided with his concurrence.

Screening Clinics for the Elderly: (continued)

The following figures give some indication of work done at the "Screening Clinics" during 1970:-

	Esher Geriatric Clinic	Cobham Geriatric Clinic	Molesey Geriatric Clinic	L. Ditton Geriatric Clinic
New Patients	118	240	148	192
Total attendances	754	1693	720	1095
No. referred for hearing aid	9	12	4	14
No. referred for spectacles	3	18	5	8
No. referred for physiotherapy	31	5	12	54
No. referred for chiroprody	71	60	26	103

The Chronic Sick:

The chronic sick are cared for by Dr. Finn, Consultant Geriatrician, based at Kingston Hospital. She has the assistance of Medical Officers, a Health Visitor, and Social Workers, and controls beds into which the patients can be admitted. The Health Visitor supervises the needs of patients awaiting admission to hospital, and also those who are returned home after in-patient treatment. Her function is not the same as that of the Geriatric Health Visitors mentioned earlier, whose aim is to prevent deterioration and reduce the need for hospital admission.

Residents of Cobham and Oxshott are within the Catchment Area of the Epsom Group Hospital Management Committee and are admitted to the geriatric beds of Epsom District Hospital and other hospitals of the Group. Patients recommended for admission are visited by the Physician and the Geriatric Social Worker, so that an assessment can be made of the relative urgency of each patient's need.

Aids for the Elderly:

Under this scheme elderly people can be supplied with various "aids" such as handrails, bath seats, walking aids, etc. These can be supplied free on loan until no longer required, or patients may purchase them outright at reasonable prices. During 1970, 182 patients have been supplied with 280 aids.

This is thought to be a most valuable service, in that it helps to increase the independence of the elderly infirm, and helps to prevent accidents, which so often result in hospital admission.

Recuperative Holidays:

Under the Council's recuperative holidays scheme, patients who have been ill, either at home or in hospital, can be provided with a recuperative holiday on the recommendation of their general practitioner or the hospital medical officer. During the year holidays were provided for 21 persons.

Chiropody:

Under the Council's scheme chiropody is provided for the elderly, the physically handicapped and expectant mothers.

Under the direct scheme there is a panel of qualified and approved chiropodists to whose surgeries the above can go for chiropody treatment. In addition, the Council has the services of chiropodists who undertake weekly sessions as part of the Geriatric Clinics at Cobham, Esher, Molesey and Long Ditton. The demand for this service continues to increase but because of the shortage of professional staff it is not possible to extend these sessions, although there are sufficient patients to warrant this. In addition the chiropodist attends from time to time on a sessional basis at three of the Council's House Mother Schemes, and also undertakes domiciliary visits to patients who are unable through infirmity to visit the surgery or the clinic. This aspect of the work is also under strain by reason of staff shortage.

Under the indirect scheme, chiropody sessions are provided by voluntary organisations, there being five sessions a quarter organised by the British Red Cross Society at the Cobham Village Hall, and a monthly session at Oxshott organised by the O'Brien Club.

A charge of 15p. is made for each chiropody treatment through either scheme, and the treatment can be given free to those who are unable to afford the charge. During 1970 1130 patients received 5131 treatments.

Health Education:

Miss Francis, Health Visitor, who devotes half her time to Health Education, has continued to be responsible for planning sessions for this subject in some of the schools, as well as providing displays and publicity material for the Clinics. A wide variety of health subjects has been taught and discussed in both Junior and Secondary Modern Schools, ranging from anatomy and physiology to pregnancy and motherhood. Interest has been shown by the pupils in community services and several have volunteered to be of service to the aged.

Apart from the work done by the Health Visitors in this field, a Public Health Inspector also visits some schools to talk on environmental health.

Health Education has been continued in the following sessions -

(i) Mothercraft and Relaxation

Talks have been given and films shown on -

- Ante-natal care
- Care and management of baby
- Home safety

(ii) Infant Welfare Clinics and Toddlers

Films and displays on various aspects of home safety, hygiene, fire precaution, infant feeding, immunisation and prevention of spread of infection, have been on view.

Posters and hand-outs are also used on many topics.

(iii) Geriatric

Many subjects are dealt with at these clinics, with the use of posters and hand-outs. including -

- Nutrition
- Care of feet
- Value of chest x-ray
- Preservation of health
- Domestic activities
- Home safety

continued.....

Health Education: (continued)

Evening talks on various health subjects have been given to groups, including -

Young Wives' Slimmers Club
Red Cross Cadets
Red Cross Adult Groups
Girl Guides
Drug addiction

DOMESTIC HELP

The Home Help Service provides domestic help in the homes of persons who, by reason of illness and incapacity, are medically recommended to receive the assistance of a Home Help. The Home Help carries out the normal duties of the housewife, and this role is of particular assistance where confinement cases are nursed at home.

The following is a summary of cases attended during the year:

Aged 65 or over on First Visit	Aged under 65 on first visit				Total
	Chronic Sick and Tuberculous	Mentally Disordered	Maternity	Others	
219	29	4	31	40	323

These figures show a decrease from the previous year in the number of cases attended, markedly those under the headings Mentally Disordered and Maternity.

The rate of pay was increased to 39p. per hour with a continuing additional payment of 03p. per hour to staff attending sub-standard dwellings.

The average number of Home Helps employed during 1970 was 22.

Neighbourly Help Scheme

Under this scheme neighbours who are willing to assist old people living alone, or other suitable cases, can be given a weekly payment varying from 50p. - £3.50. Duties include preparing meals, lighting fires and shopping. During the year this scheme provided help for 13 patients.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Under this Act the Council is responsible for the registration and supervision of day nurseries and of persons who, for reward, receive children into their homes to look after them.

At the end of the year the following numbers of premises and persons were registered:-

	No. Registered	No. of Children Provided for
Premises ..	24	744
Child Minders ..	48	158

The nurseries and the child minders are inspected, both by Medical Officers and by Health Visitors, at regular periods throughout the year. Such inspections have shown that a most satisfactory standard has been maintained in nearly all cases.

In the majority of cases children are received during mornings only, and mid-day meals are not served. A few child minders will care for the children throughout the day, which can be of great benefit to the mother who must work, or where there is illness in the home.

There is no official Day Nursery accommodation in the Urban District, and those provided in neighbouring areas are generally too far away to be of value. However, the Council's policy of paying the fees of private nurseries or child minders in special cases of need, provides a partial solution to this problem. The matter of paying or subsidising such fees is based on the County Council's policy as regards admission to its own Day Nurseries. Twelve children were assisted under the above arrangement.

MENTAL HEALTH SERVICES

Under the Mental Health Act 1959 the importance of the care of the mentally ill, or mentally sub-normal, within the community, was stressed.

The needs of residents of this district are covered by a team of appropriately qualified officers, who are based at Ashley House, Epsom. The team consists of a Senior and three other Mental Health Social Workers. Each is responsible for statutory duties concerned with the admission to hospital of mentally ill patients under the various sections of the Act and, in addition, they are also responsible for the after-care of persons within the community who have been mentally ill.

A combined hospital/local authority social work service now operates at Brookwood Hospital and all patients admitted to hospital from the district are interviewed by one of the social work team shortly after admission. The service is based on the continuous care of the patient and help for the family before admission, whilst in hospital, and upon discharge. In addition to 12 admissions to Brookwood Hospital by the mental health staff (see table below) 66 patients were seen following admission to hospital by local General Practitioners, and at the end of the year a total of 77 patients in the Esher area were receiving social work help.

The following table sets out the number of patients admitted to Brookwood Hospital in 1970 by the Mental Health staff:

Mental Health Act 1959	Male	Female	Total
Informal	1	1	2
Section 25	3	6	9
Section 26	-	-	-
Section 29	1	-	1
	5	7	12

Sub-normality and Severe sub-normality

Pre-school children suspected of being mentally subnormal are investigated by one of the County Council's Senior Medical Officers. In addition, valuable help is often obtained from hospitals which specialize in these conditions. Early correct diagnosis and advice as to future management and training will give the child the best chance of becoming an acceptable and useful adult. These hospitals are also most helpful in arranging short-term admissions in cases of emergency and to give parents occasional periods of relief.

The Health Visitors supervise the welfare of sub-normal children up to compulsory school-leaving age. Adult sub-normals are visited by the Mental Welfare Officers.

Special Training Schools & Technical Training Centres

The purpose of these centres is to help those who are sub-normal to develop in mind and body to the utmost of their capacities. The object is not only to train the sub-normal so that he is readily acceptable within the community but, in addition, to make him capable of carrying out useful tasks and, in fact, to earn a living.

From a training centre a sub-normal may progress to a sheltered workshop or even to open industry.

At the 31st December 1970 there were 88 sub-normal children and adults under the care of this authority and the following table refers:-

	Sub-normal		Severely Sub-normal		Totals	
	M.	F.	M.	F.	M.	F.
No. of patients under local health authority care at 31.12.70	32	19	24	13	56	32
Attending day training centres	12	5	19	7	31	12
Receiving home visits	20	14	5	6	25	20

There are also a number of sub-normal and severely sub-normal patients in permanent residence in Botleys Park and other Hospitals and Homes.

The Forum Club

This Club was established at The Forum Clinic, Molesey, in 1966 with the object of helping those who have been mentally ill. Mrs. D. Brace is the voluntary leader, and an evening session is held each week. A programme of activities is decided upon by the members and about twenty attend regularly. By her tact and enthusiasm Mrs. Brace has made this into a most successful concern, which has helped many who have been ill to regain their former health and to join, once more, in the normal activities of society.

The staff of the Mental Health Department have co-operated well in helping to make a success of this project.

VOLUNTARY SERVICES

Meals-on-Wheels

The W.R.V.S. provide this service to cover the needs of elderly and disabled residents living in the northern part of the district. Hot meals are distributed on Mondays, Wednesdays and Fridays, and the total number of meals provided was 12,731.

The British Red Cross Society provide a smaller service for the residents of Cobham, Stoke D'Abernon and Oxshott. During the year 2,429 meals were prepared and transported to the homes of the recipients.

These services are subsidised by the Esher District Old People's Welfare Council.

In March, Department of Health and Social Security Circular 5/70 was received which asked authorities to scrutinise the management and adequacy of the meals-on-wheels service provided, and described standards which should be attained. As a result of this and in anticipation of the new purpose-built meals-on-wheels kitchen expected to be completed in Molesey in the autumn of 1971, it was decided to carry out a survey of the existing service as a guide to future needs.

continued.....

This was organised by the Senior Social Worker, Mr. G.W. True, who reported as follows:-

"The survey was interested in assessing the present use of the Service, it's adequacy, and how it was being supplemented. It also had in it's terms of reference the need to assess the over-all need. The questionnaire also required information about the recipients' ability to attend a Luncheon Club, and although the survey returns have shown the benefit of such a provision, the numbers are not indicative of the degree of need for such provision because of certain variables which have yet to be considered, for example - transport and location.

The following figures indicate the need for a substantially increased service. The answers in respect of the adequacy of the present service and future need were based on a five day a week provision.

The questionnaires were completed by professional staff who were instructed to take into account the opinion of the recipient.

Number of persons who were the subject of the Survey:-

Receiving meals from Molesey Central Kitchen	86
Receiving meals in Cobham and Oxshott ..	19
Total	<u>105</u>

Total number of meals being provided per week:-

Molesey kitchen	253
Cobham and Oxshott	38
Total	<u>291</u>

Number of persons where present provision is considered adequate:-

Molesey kitchen	47
Cobham and Oxshott	2
Total	<u>49</u>

continued

Breakdown of the alternative arrangements made on days where meals service not operating:-

	<u>Relations</u>	<u>Friends/Neighbours</u>	<u>Self</u>
Molesey	16	21	49
Cobham & Oxshott	3	4	12
	<u>19</u>	<u>25</u>	<u>61</u>

Number of persons who require five meals per week:-

Molesey kitchen	..	..	..	39
Cobham and Oxshott	..	..	..	17
			Total	<u>56</u>

Total increase in number of meals weekly:-

Molesey kitchen	..	..	..	82
Cobham and Oxshott	..	..	..	51
			Total	<u>133</u>

The survey has indicated a need for a 45.7% increase in the number of meals being provided. A figure of X% should be added as a five day a week service will reduce the number of persons who would otherwise need to be admitted to residential accommodation or provision of Day Care and other supportive services.

Number of recipients willing and able to attend a Luncheon Club with or without transport:-

Molesey	..	..	9
Cobham and Oxshott	..	..	8
Claygate and Esher	..	..	18
Dittons and Hinchley Wood			2
		Total	<u>37</u>

The intention is to provide for a gradually increasing service after the new kitchen comes into operation and to have as a target a five-day service throughout the district.

Clubs

Numerous clubs are provided throughout the district by local voluntary organisations. They are chiefly for those who are "mobile" and able to attend without assistance, but, in addition, many of them make arrangements so that those who are unable to make the journey through infirmity or other handicap can be transported to and from the club.

The British Red Cross Society organise a Club for the Physically Handicapped which is held in King George's Hall, Esher, every month. A high proportion of those who attend are transported. The Club provides an excellent opportunity for members to make friends and to take part in various activities and occupations.

The Council's Social Workers for the Physically Handicapped find that, through this Club, they are able to maintain contact with many of those who are on the register.

Voluntary Work

There has been a valuable response to a call for increased voluntary work to help the elderly and the physically handicapped. Drivers have come forward to transport elderly people for day-care at Thameside, attendance at clubs, etc. Young girls and boys from local schools and youth clubs have carried out most helpful work redecorating rooms, tending gardens, etc. There is a considerable pool of willing helpers available, and efforts will be made to co-ordinate this and to provide the young people with useful and rewarding tasks.

Home Visiting Service

This operates throughout the district with the encouragement of the Old People's Welfare Council. The scheme is entirely voluntary and comprises an organiser in each locality and a group of visitors. Mr. Packham, Deputy Chief Public Health Inspector, promoted the scheme, and continues to advise and encourage the organisers.

Visitors alleviate the loneliness of those who live alone, and inform them of facilities available. They are in a position to call upon the statutory services when they appear to be required, and for medical aid in case of need.

WELFARE SERVICES

For some years past Social Workers have tended to specialise in their particular branch, e.g. Medical Social Workers dealt with problems which threatened to cause the break-up of families; Social Workers for the Physically Handicapped confined themselves to helping those with a physical handicap, etc. This policy has now changed and the intention is that all Social Workers shall be sufficiently knowledgeable to deal with any social problem that may be existing in a family. This removes the need to introduce a second Social Worker in the event of a different problem coming to light in another member of the family, unless the problem is too complex, when the matter would be referred to a senior colleague. The Social Workers continue to have special interests, and this report gives details of the work under different categories for the sake of clarity.

More emphasis is being placed on preventive work and the early detection of need, and the importance of the domiciliary services cannot be overstated.

Local voluntary workers and organisations play a most important part in supplementing the statutory services. It is considered important that the involvement of the community should be encouraged.

Prevention of Break-up of Families

This work entails intense therapeutic preventive and supportive case work with families who are at risk of breaking up. The increasing number of social problems which families are experiencing appear to be the result of marital interaction which has adversely affected the structure and stability of the family, with resultant concern about the care of the children. Housing and finances have often contributed to the marital problems. Preventive work is undertaken as early as possible in order to avoid final break-up or family disruption.

It is the Social Worker's aim to enable families to help and support themselves, and a number require frequent visits over a long period.

During 1970, 155 "families-at-risk" were visited by Social Workers from this Department. A considerable increase compared with 1969.

The following is a summary of the work undertaken by the Social Workers during the year under review:-

Number of Case Conferences held	..	..	6
Number of families at risk at 31.12.70.	..		110
Number of children of families at risk at 31.12.70.			251
Number of children in care -			
(1) For reasons of family failure	..		Nil
(2) Other reasons	..	..	Nil
(3) Number of children in Part III accommodation -			
(a) For reasons of family failure	.		9
(b) Other reasons	..	..	Nil
Number of families receiving attention from Social Workers at 31.12.70.	..	..	77
Number of families re-housed -			
(a) By Housing Authorities	..		5
(b) Privately	..	..	6
Number of Recuperative Holidays under the Scheme for the Supervision of the Break-up of Families	..	..	1

Care of the Unmarried Mother

During the year three unmarried mothers were assisted financially by this authority in order to support them in Mother and Baby Homes.

The number of applications is decreasing yearly, and is undoubtedly due to an increased knowledge of contraceptive methods, and to the legalisation of abortion in certain circumstances. More unmarried mothers are now being supported by their own families and social work support for these families is at present being provided by voluntary organisations, with whom we have very close contact.

Physically Handicapped

There is a developing awareness of the needs of the people in our community with a physical disability. The Chronically Sick and Disabled Persons Act 1970 was passed in an attempt to ensure that local authorities consider their needs and make arrangements to detect and fulfil them, and further legislation is envisaged in the financial field. This authority is already meeting most of the services, and the remaining schemes will shortly be implemented. The Act lays great emphasis on the duties of local authorities to seek out disabled persons and to provide for their needs, and underlines the need for improved structural facilities to enable the physically handicapped to have access to public buildings. Provision for television and telephone in necessitous cases, and for car courtesy badges where disabled persons are passengers, is also included.

Therapeutic social work help and provision of efficient schemes for domiciliary and community support will give physically handicapped people further opportunity to help themselves and enable them to live as normal a life as possible. Importance is stressed on the need to co-operate closely with voluntary organisations and housing agencies, and their help is very much appreciated.

Register of the Handicapped 1970

Number on Register as at 31.12.70.	..	..	..	372
Number added to Register	..	..	..	66
Number removed from Register	.	..	..	23

Reasons for removal from Register

Died	..	..	..	..	..	19
Moved away	..	..	..	..	..	4

Major handicaps	Age Under 16 (1)	Age 16-29 (2)	Age 30-49 (3)	Age 50-64 (4)	Age 65 or over (5)	Total (6)
1. Amputation	-	1	4	13	7	25
2. Arthritis or rheumatism	-	-	4	24	74	102
3. Congenital malformations or deformities	-	2	1	7	3	13
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	1	-	6	9	10	26
5. Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	3	9	4	3	16	35
6. Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	9	16	26	53	62	166
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	-	-	1	1	-	2
8. Tuberculosis (Respiratory)	-	-	-	-	-	-
9. Tuberculosis (non-respiratory)	-	-	-	-	1	1
10. Diseases and injuries not specified above	-	1	-	-	1	2
Total	13	29	46	110	174	372

Blind and Partially-sighted Persons

Considerable social work support is provided for persons who are blind and partially-sighted in this district. In addition to the minority who avail themselves of the facilities for learning Braille and Moon, the blind and partially-sighted are given every possible community care support in order that they can live as active a life as possible. Many practical services for the blind are provided by voluntary organisations and this work is co-ordinated by the Social Worker.

	Blind		Partially-sighted	
	M.	F.	M.	F.
No. on register at 31.12.70.	35	68	10	32
No. added to register	2	7	3	10
No. removed from register	4	10	6	4

The Deaf and/or Dumb and the Partially-Hearing

The services of a part-time Social Worker for the Deaf are available. Much of the work involved is that of overcoming communication problems, and it is often necessary for the Social Worker to act as interpreter on behalf of these people in various aspects of their daily life; again, it is the Social Worker's aim to assist persons who are deaf and/or dumb and who have only partial hearing, to live as normal a life as possible and to help them with the many varied problems which their disability creates. At the 31st December 1970 the register contained the names of 28 deaf and/or dumb and partial hearing persons.

The Elderly

In addition to the work undertaken by the Social Work Section with regard to admissions of elderly persons to Old People's Homes, considerable effort has been made during 1970 for the early detection of elderly persons at risk. Considerable emphasis is placed on the need to maintain elderly people in their own homes for as long as possible if it is in their interest to do so, and the importance of domiciliary care services cannot be over-stressed if the admission of elderly people to residential homes is to be kept to a minimum.

During 1970 the County Council made facilities available at Thameside Old People's Home whereby 10 elderly persons can be provided with day care and who, but for this care, would need permanent residential accommodation. Appreciation is due to those voluntary drivers who have given their valuable assistance in maintaining this scheme.

The Social Workers visited and gave intense support to over 100 elderly persons who were at risk, in addition to the supportive work with the elderly awaiting admission to residential care.

The district is most fortunate in having a Council which has provided a large number of flatlets specially designed for the elderly, and a small home where full care can be provided for those who have become too old or frail to continue to look after themselves. These, together with the good work of the Old People's Welfare Council, do much to reduce the burdens of old age and physical handicap. Even so there remains much to be done by the Social Work Teams.

PART III

THE SCHOOL HEALTH SERVICES

SCHOOL HEALTH SERVICES

1. Population and Schools

(a) Maintained Schools

There were 28 Primary and Secondary departments in the area on 31st December 1970, housing 7,656 children. There is a new middle school known as Church Farm County Middle School at Hurst Road, West Molesey.

(b) Independent Schools

Independent schools may make application for school medical and dental inspection to be made available to their pupils. In the Esher district four such schools (St. Joseph's Convent, Emberhurst School, Milbourne Lodge Senior School and Grantchester House), have so far made such applications, and the services have been provided.

2. Medical Inspection

(a) Routine Medical Inspection

The systematic routine medical inspection by age groups is undertaken in the area as follows:-

	((i) On entry	) Complete
Primary	((ii) During year in which age 8 is reached	) medical examination
	((iii) On entry	- ditto
	((iv) During year in which age 13 is reached (if more than a year from last routine inspection))
Secondary	(	) Eye test only
	((v) During year in which age 15 is reached	) Complete medical examination

Children are also inspected at any time at the request of the parent or head teacher.

1,633 children were examined at routine medical examinations during the period - parents were present for 1,026 of these examinations. 369 children were considered not to require a medical examination under the selective medical scheme.

(b) Special and Re-examinations

Children who may be potential handicapped pupils, either physically or mentally, are supervised and followed up as often as necessary and a handicapped register is kept to make sure regular assessments are made and the child channelled to suitable employment when the time comes. Children who are receiving treatment or recommended for treatment are reinspected as a routine.

(c) General Physical Condition

The general physical condition of a pupil examined at a Routine Medical Inspection is determined by the personal assessment by the School Doctor.

Of the 1,663 pupils inspected at Routine Medical Inspections, none were found to be in unsatisfactory general physical condition.

(d) Head Infestation

Some years ago the problem of head infestation became so minor that it was possible to discontinue the regular inspection of heads carried out by Health Visitors.

However, during this year difficulties have arisen because it has become more and more difficult to eradicate infestations with the materials available, such as Suleo and Lorexane.

Resistance of lice and nits to these substances was reported in other parts of the country, and this was undoubtedly the cause of the trouble in this district.

In the circumstances head inspections were reintroduced at infant and junior schools early each term, and Head Teachers of secondary schools were asked to contact the Health Department without delay if any suspicion of infestation occurred.

All cases of infestation found were laboriously treated by the Health Visitors and were supervised over a long period - a weekly 'cleansing' session being set up at one clinic. This, unfortunately, was most time-consuming, but it was effective, and the problem was under control at the end of the year.

Active research is being undertaken and it is expected that more effective preparations will be available shortly.

During the year 53 pupils were found to be infested.

(e) Infectious Diseases

235 cases of infectious disease occurred amongst school children. This figure mainly comprised of children suffering from chicken pox and mumps.

3. Defects Found at Routine Medical Inspections

The following table shows the percentage of defects found at routine medical inspections during 1970:-

Number of pupils examined	- 1,633
Number of pupils found with defects for treatment	- 244
Percentage of pupils in need of treatment	- 14.3%
Number of defects requiring observation	- 1,198
Number of defects requiring treatment	- 269

4. Treatment of Disease and Defects(a) Attendance at School Clinics

Special sessions are held at clinics throughout the area for remedial exercises, speech therapy, hearing and vision defects, and staffed by specialists in their particular field.

For details of attendances see Tables F.G.H.I. and J.

(b) Child Guidance

This continues to be an exceedingly busy clinic which, regrettably, often leads to a very long wait before children can be seen and, at times, to less frequent treatment than is ideal, especially as urgent cases and cases requiring reports for the Court, are still fitted in as quickly as possible.

The County Authorities realise the need for extra psychiatric sessions, and are endeavouring to obtain the necessary extra staff. The pressure has been slightly reduced by the opening of a new clinic at Chertsey.

It has become increasingly clear that there is a need for a Day Centre for maladjusted children. This would serve a double purpose, both for children waiting for a residential placement, and also for a large number who do not need to go away from home but, for a variety of reasons, need the small groups and special handling such

a unit could supply. At times at present it becomes necessary to exclude them from school altogether. At other times they are contained there not only to their own detriment, but also to that of other children and the staff. A time at a Day Unit would often enable them to return later to the normal educational stream and, in the long run, would be an economy as such treatment is less costly than boarding placement.

(c) Routine Audiometry in School

The routine testing of hearing of school children aged 6-7 years is carried out by the County Council's Audiometrician as part of the routine medical inspection.

Normally each child is tested and an audiogram constructed for those with significant hearing loss. Children failing the tests are followed up and examined by an Assistant Medical Officer. Where necessary they are referred for the opinion of the Special Audiology Clinic or to the hospital services after consultation with the general practitioner concerned.

See Table III I and J.

(d) Convalescent Treatment

The Council's scheme provides for free convalescent treatment for any pupil attending a school or educational establishment maintained by the Education Authority, or attending an independent school for which school health service facilities have been made available. Seven children received a two-week holiday this year.

5. Deaths of School Children

During the year 2 deaths of school children were reported. One girl died as the result of a road accident, and the other was a boy who was drowned.

6. Dental Inspection and Treatment

The following table shows the number of children who were examined by the Dental Surgeons at Routine and Special Inspections, and the number referred for treatment during the year.

Number inspected	.. ..	7,334
Number found to require treatment	.. ..	4,492
Number treated	.. ..	3,101

B.C.G. vaccination against tuberculosis is offered to children who are in their 12th year. A full programme was carried out in 1970; all positive reactors are referred to Kingston Chest Clinic for an x-ray and practitioners are kept informed of the results.

Number given a Heaf test	-	557
Number Heaf positive and referred to Chest Physician	-	61
Number given B.C.G.	-	456
Absentees	-	40

9. Hygiene of School Buildings

Inspections were made of school buildings during the year and items requiring attention were brought to the notice of the Education Officer. The Property Maintenance Section of the Engineer, Surveyor and Town Planning Officer's Department is responsible for the necessary work.

The hygiene of school kitchens is generally good. In one kitchen, however, attention was drawn to the unsatisfactory dust collecting surface of the walls, which were of colour washed fair-faced brickwork.

The supervisors and staffs in the older kitchens have a harder task than those in the newer ones. All the Education Committee Schools' kitchen staffs are to be commended for the high standard of food hygiene maintained in the year under review.

10. Handicapped Pupils

A very important part of the work of the School Health Service is the early ascertainment of the children who have physical or mental defects.

The general policy is that, wherever possible, a child shall be educated in an ordinary school. When the handicap is such that special education is considered essential, the case must be very carefully assessed with assistance from experts in each particular field.

Where special education in a day school is considered suitable, the case is referred to the District Education Officer, who makes the necessary arrangements including the provision of transport.

Admission to residential special schools is arranged by the Chief Education Officer at County Hall.

Table V shows that there were 164 children on the Handicapped Pupils' Register at 31st December 1970.

The names and addresses of physically handicapped children are passed to the appropriate Social Worker so that she can get to know them and give some thought to their future lives. At about age 13 the intention is that she shall maintain close contact and ensure that these children are guided into the most suitable occupation, with or without special training.

SELECTIVE MEDICAL INSPECTION

Many authorities have changed from the routine medical inspection of all pupils in specified age groups to a selective approach which eliminates the repeated medical examination of thoroughly healthy children.

With a view to bringing such a scheme into operation in the County, it was decided that there should be two pilot schemes tried out during 1970 - one being within this Urban District.

Briefly, the scheme was to provide for:-

- (a) At school entry a careful and thorough examination of every pupil.
- (b) At age 8 parents to complete a questionnaire and only the following children to be examined:-
 - (i) Children thought to need examination from perusal of the questionnaire.
 - (ii) Children thought to need examination by the School Doctor, the Head Teacher or the Health Visitor.
- (c) At entry to Senior School - selective approach as above.
- (d) At age 14+ - routine medical inspection.

The scheme was found to have a number of defects, not the least being the considerably increased amount of clerical work involved, and the amount of time spent by the doctor in examining the completed questionnaires. The 'Working Party' concerned with the pilot schemes is now considering a modified scheme for recommendation to the County Education Committee during 1971.

REMEDIAL TEACHING

The normal intake of 5 year olds into the infant schools contains children of all levels of ability and it is the aim of education to see that each child attains, during his years at school, a standard commensurate with his true potential.

Children who are falling behind their contemporaries in school work are brought to the notice of the school doctor at medical inspections, or referred by the headteacher to the Educational Psychologist. A proportion of these children are found, on investigation, to have a lower than average intelligence, and these children are admitted, with parental consent, to the special schools for slow learners at Leatherhead or Chessington, where they can benefit from a slower pace of work and smaller classes with greater individual help.

Severely subnormal children are normally known to the Health Authority before they reach school age and are admitted to the new Walton Leigh Training Centre at the appropriate time after they are 2 years old.

There remain in all schools a number of children who, on intelligence testing, appear to be of average, or even above average intelligence, but who do not make the expected progress. This problem appears to occur most commonly in boys and typically they are detected because of the great difficulty they have in learning to read. Word blindness, or dyslexia are, at present, the fashionable words to account for learning difficulties, and whilst dyslexics occur in the group, it also contains children with other problems, e.g., deprived, underprivileged, or disturbed children, and many for whom no cause for their difficulties can be found.

Some schools do provide remedial teaching, but not all schools can provide the expert and individual help these children need. A few children in the area attend a S.C.C. Remedial Centre at Epsom and some the I.C.A.A. Word Blind Centre in London, but both have long waiting lists and involve long journeys and provide help for only a small proportion of the children.

The District Education Officer has arranged for an annual screening test for children aged 7 to 8 years, which will identify those with a retardation in reading of two years or more.

In the light of the results of these tests it is hoped to establish a Remedial Reading Centre by the autumn of 1971 at which retarded children can attend daily for a morning or an afternoon session until such time as they have attained a reading standard suitable to their age. Children will be transported to and from their individual schools.

TABLE I

A. MEDICAL INSPECTIONS

Routine inspections	-	1,633
Reinspections	-	183
Special inspections	-	19

B. INFESTATION

Number of children examined	-	4,391
Number of individual children found to be infested	-	53

DEFECTS FOUND IN SCHOOLCHILDRENTABLE IIA. DEFECTS FOUND AT MEDICAL INSPECTIONS

Defect or Disease	No of Defects	
	Requiring Treatment	Requiring to be kept under observation
Skin	19	69
Eyes -		
(a) Vision ..	186	155
(b) Squint ..	10	28
(c) Other ..	7	50
Ears -		
(a) Hearing ..	4	36
(b) Otitis Media ..	2	39
(c) Other ..	2	16
Nose or Throat ..	9	174
Speech ..	7	58
Lymphatic Glands ..	-	24
Heart and Circulation ..	-	19
Lungs	3	57
Developmental -		
(a) Hernia ..	1	13
(b) Other ..	2	19
Orthopaedic -		
(a) Posture ..	2	59
(b) Feet ..	1	68
(c) Other ..	3	66
Nervous System -		
(a) Epilepsy ..	1	10
(b) Other ..	-	27
Psychological -		
(a) Development ..	2	30
(b) Stability ..	1	85
Abdomen	1	27
Other	6	69
Total	269	1198

Note: These figures also include a small number of Special Inspections

B. PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Table II	Total Individual Pupils
1966 and later	-	-	-
1965	10	3	13
1964	3	3	7
1963	-	-	-
1962	11	12	23
1961	15	10	25
1960	5	-	5
1959	3	-	3
1958	30	5	29
1957	29	4	33
1956	55	14	67
1955 and earlier	32	9	39
Totals	193	60	244

TREATMENT OF DISEASES AND DEFECTS

TABLE III

A. DISEASES OF THE SKIN

			<u>No. of cases known to have been treated during the year</u>
Scabies	..	..	12
Impetigo	..	..	-
Warts	..	..	14
Other skin diseases	..	..	4
		Total	<u>30</u>

B. EYE DISEASES, DEFECTIVE VISION AND SQUINT

		<u>No. of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint,	..	-
Errors of refraction (including squint)		130
		<u>130</u>
Number of pupils for whom spectacles were prescribed	..	124

C. DEFECTIVE HEARING

Total number of pupils in school who are
known to have been provided with
hearing aids at the expense of the Authority

(a)	In 1970	..	3
(b)	In previous years	..	7

D. OTHER TREATMENT GIVEN

(This includes hospital cases)

	No. of cases known to have been dealt with
(a) Pupils with minor ailments	10
(b) Pupils who received recuperative holidays under School Health Service arrangements	7
(c) Other than (a) and (b) above -	
1. Heart	-
2. Lungs	-
3. Nervous System	1
4. Lymphatic Glands	1
5. Developmental	3
6. Abdomen	2
7. Psychological	1
8. Other	8
Total (a) and (c)	26

E. ATTENDANCES AT SCHOOL MEDICAL CLINICS

Defect	No. of Attendances
Skin	2
Eyes	13
Ears	30
Nose & Throat	9
Speech	8
Lymphatic Glands	1
Heart	1
Lungs	5
Developmental	1
Orthopaedic	16
Nervous System	1
Psychological	31
Abdomen	3
Other	4
Total	125

E. (contd.)

No. of school children examined for part-time employment	155
No. of children examined for entertainment licences	7
No. of adults medically examined	109

F. ATTENDANCES AT EYE CLINICS

The table below gives details of work carried out at the Molesey, Esher and Cobham Eye Clinics during the period:-

* No. of attendances	..	..	854
No. of individual patients examined	..		521

* This includes school children, pre-school and specials.

G. REMEDIAL EXERCISES

Centres - Cobham, Esher, Long Ditton and Molesey

No. of sessions	..	..	74
No. treated	..	..	63
No. of attendances	..	..	305
No. of new cases admitted		..	38
No. discharged	..	..	9

In addition 3 school children were treated in hospital out-patient departments for orthopaedic defects.

H. SPEECH THERAPY

Centres - Cobham, Esher, Long Ditton and Molesey

No. of cases under treatment	..	162
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I. AUDIOMETRY - HEARING TESTS

The following table gives details of the number of children tested and the results of investigation of children who failed the test during 1970:-

	Routine Examina- tions	Retests & Specials	Total
(1) No. of children tested ..	654	131	785
(2) No. of children who failed test	43	85	128
(3) Result of investigation by School Medical Officers			
(a) No significant hearing loss	4	-	4
(b) No significant hearing loss but child appears mentally retarded ..	-	-	-
Deafness due to			
(c) Catarrhal condition (with or without inflammation of ear)	14	35	49
(d) Old otitis media	5	15	20
(e) Injury	-	-	-
(f) Other causes	5	25	30
(g) Undetermined cause	2	9	11
(h) Untraced or left district	-	-	-
(i) Already supplied with hearing aids	-	-	-
(j) Investigation remaining to be carried out	13	1	14
TOTAL	43	85	128
(4) Recommendations -			
(a) No action required	7	15	22
(b) For observation only	20	48	68
(c) Referred to Audiology Clinic	3	6	9
(d) Referred to G.P.	8	10	18
(e) Referred to ENT Consultant	-	-	-
(f) Special position in class	5	3	8
(g) Hearing aid and supervision by Teacher of the Deaf	-	3	3
TOTAL	43	85	128

J. AUDIOLOGY - HEARING DEFECTS

Ages	New Cases referred to Audiology Clinic	Not fully assessed by end of previous year	Found to have impaired hearing but not requiring aid	Found to have normal hearing	Not fully assessed by end of year	Total Examinations at Audiology Clinic during the year
0-2	5	1	-	6	-	6
2-5	32	5	-	31	6	42
5-7	3	2	-	3	2	4
7-11	5	-	-	-	3	7
11+	1	-	-	-	1	1
Total	46	8	-	40	12	60

DENTAL INSPECTION & TREATMENTTABLE IVDENTAL INSPECTION & TREATMENT CARRIED OUT DURING 19701. Attendances and Treatment

First Attendance	1097
Subsequent Attendances	2338
Total Attendances	3435
Additional courses of treatment commenced	308
Fillings in permanent teeth	2088
Fillings in deciduous teeth	1283
Permanent teeth filled	1702
Deciduous teeth filled	1040
Permanent teeth extracted	152
Deciduous teeth extracted	366
General anaesthetics	84
Emergencies	1
Number of pupils x-rayed	244
Prophylaxis	794
Teeth otherwise conserved	32
Number of teeth root filled	8
Inlays	6
Crowns	19
Courses of treatment completed	1713

2. Orthodontics -

New cases commenced during year	34
Cases completed during year	23
Cases discontinued during year	10
No. of removable appliances fitted	66
No. of fixed appliances fitted	1
Pupils referred to Hospital Consultant	-

3. Prosthetics -

Pupils supplied with F.U. or F.L. (first time)	-
Pupils supplied with other dentures (first time)	11
Number of dentures supplied	11

continued

4. Anaesthetics -

General Anaesthetics administered by Dental Officers	5
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5. Inspections -

(a) First inspection at school. Number of pupils	6356
(b) First inspection at clinic. Number of pupils	978
Number of (a) plus (b) found to require treatment	4163
Number of (a) plus (b) offered treatment	3101
(c) Pupils reinspected at school clinic	329
Number of (c) found to require treatment	329

6. Sessions -

Sessions devoted to treatment	380.7
Sessions devoted to inspection	56.6
Sessions devoted to Dental Health Education	-

TABLE V

PARTICULARS OF HANDICAPPED PUPILS AT 31st DECEMBER 1970

Category	Total Handi- capped pupils	DISPOSAL														
		Recommended Special School or Hostel				Recom- mended special education in Ordinary School	Home Tuition	Tuition in Hospital or Special Units	Under Review							
		In Special School or Hostel	Parents refuse consent	On Waiting List	In Ordinary School				At home or in Hospital or in Private School							
										B	G	B	G	B	G	
Blind	B	G	B	G	B	G	B	G	B	G	B	G				
Partially sighted	-	-	-	-	-	-	-	-	-	-	-	-				
Deaf	2	2	-	-	-	-	1	2	-	1	-	-				
Partially deaf	1	2	1	2	-	-	-	-	-	-	-	-				
Educationally	8	1	3	-	-	-	-	-	-	3	1	2				
sub-normal	51	24	42	20	1	-	7	3	-	-	1	1				
Epileptic	9	10	1	-	-	-	-	-	-	8	9	1				
Maladjusted	12	9	8	4	-	-	1	-	-	2	1	1				
Physically handicapped	9	7	4	1	-	-	-	-	-	4	5	1				
Delicate	14	3	3	-	-	-	-	-	-	9	2	1				
Speech defect	-	-	-	-	-	-	-	-	-	-	-	-				
Total	106	58	62	27	1	-	8	3	1	2	1	3	27	19	6	3

PART IV

ENVIRONMENTAL

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1970

To the Chairman and Members of the
Urban District Council of Esher

Ladies and Gentlemen,

I have pleasure in submitting my ninth Annual Report,
for the year 1970.

A full year has now elapsed since the responsibility for dealing with Improvement Grants passed to the Health Department. Statistics in regard to this work, dealt with by the Public Health Inspectors, are shown on page 78 but this does not clearly illustrate the vast amount of work involved. This is explained in more detail in my report. This task is satisfying as each property dealt with has an improved life expectancy, and the existing stock of houses is preserved.

In October, Mr. R.J. Clarke, Technical Assistant, after twenty years' service in the department, retired with the best wishes of all. The vacancy was filled by Mr. W.J. Woodards, who occupied a similar position with Caterham and Warlingham Urban District Council.

In November, after hearing about the ratio of inspectors to population in the county districts, details of duties performed, and learning that the establishment of four Public Health Inspectors had remained unchanged since 1962, the Council decided to appoint an additional inspector. Mr. D.A. McLaren, from the London Borough of Hounslow, was appointed in December, and he will be engaged, in the first instance, in the field of food hygiene.

continued

Complaints concerning food purchased in the district increased by 61% during the year. Details are on page 86. This rise is due in no small measure to the growth of automation in the food industry, and to the reduction in scrutiny by personnel.

In conclusion, I would like to thank the Chairman and Members of the Health Committee and Dr. Pereira and Officers in other departments for their valued help and support. My thanks, too, to the Public Health Inspectors and to the technical and office staff for their assistance and loyalty throughout the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. L. BARKER.

Chief Public Health Inspector.

INSPECTION OF DISTRICTANALYSIS OF VISITS

Air Pollution research	149
Caravans	2
Catering Establishments	6
Clean Air Act	23
Disinfection	6
Disinfestation	157
Drains tested	142
Factories (powered)	11
Floods	30
Food premises	188
Food inspections	143
Food & Drugs sampling	135
Food Poisoning	7
Health Education	13
Housing Acts 1964 & 1969 - Improvement Grants & Qualification Certificates	1202
Ice cream	5
Infectious Disease	144
Itinerant Food Vendors	3
Milk Sampling	70
Miscellaneous	486
Noise	97
Offices	40
Old Persons' Welfare	132
Pet Animals and Animal Boarding Kennels	17
Petroleum Storage	240
Pigeons	69
Ponds, ditches, accumulations	52
Premises inspected (general)	565
Premises reinspected or works in progress	656
Rats and mice, etc.	3542
Retail Shops	130
Riding Establishments	45
Sanitary conveniences on building sites	1
Shops Act 1950	5
Stables & Piggeries	17
Swimming Baths	29
Water supply or sampling	39
Wholesale Shops and Warehouses	1

HOUSING, DRAINAGE AND WATER SUPPLY

Included in this item of the report, in tabulated form, are details of action taken following inspection or complaint in respect of damp conditions, unsatisfactory drainage, and other defects in dwelling houses.'

Since the introduction of the Housing Act 1969, Local Authorities have been given greater encouragement to rehabilitate and improve areas and individual properties. Esher is fortunate in that its standard of housing is far above the national average and relatively few houses remain in the Esher district which merit demolition. Many houses, however, are in need of improvement to provide them with modern amenities and to free them from dampness, etc.

Since the Public Health Inspectors became responsible for work on Improvement Grants, the wider implications of area improvement have also been considered. These relate particularly to the improvement of the environment as well as to the houses themselves, and this is a subject worthy of consideration in the district. One of the principal problems in considering an improvement area is that of the motor car. This problem is in two parts: firstly, traffic flowing through an area must be diverted to allow the provision of pedestrian walk-ways or shopping precincts, and secondly, garages or parking spaces need to be provided to take cars off the streets in residential areas. These points are fundamental to the overall improvement of the environment in any area selected.

In considering general improvement of the environmental conditions in the district particularly in respect of housing. it should be realised that properties and the areas in which they lie, need such action because of their neglect over a long period.

It is especially important, therefore, when considering such improvement, to take account of the high cost of renovation and to adopt methods and use materials which will give a further good life span with a minimum of maintenance. It would be regrettable if "improvement areas" subsequently deteriorated again because too low a standard had been adopted.

In addition to the above, every effort is being made to help home owners and landlords to bring individual properties up to standard. Houses in the district vary considerably and therefore, present different problems when conversions are envisaged. Each case must be

continued

considered on its merits and the best and most realistic improvement adopted. A great deal of time is spent by the Public Health Inspectors in advising owners how the best results can be obtained.

At the present time many new techniques and materials are in use, e.g., factory-made prefabricated bathrooms and kitchens. Some such buildings have been installed in a few premises in the district and developments of this kind can be of considerable help in achieving good house improvement. The cost of this type of structure is likely to become more reasonable as it becomes more widely used.

At the end of the year the Rent Officer was fixing some of the first "fair rents" for dwelling houses, following the issue by the Council of Qualification Certificates. Such certificates ensure that the properties are provided with the standard amenities and are in good repair before the rents are raised. With higher rents one can hope that essential maintenance will in future receive the attention necessary to keep houses in satisfactory order.

The water supply of the area is governed by two statutory bodies, and is excellent in quality and quantity. The Water Companies are constantly sampling the water, both from chemical and bacteriological points of view, therefore routine sampling by this Department is not considered necessary, and sampling is carried out only when there is a special reason for so doing.

The water supplied is not plumbo-solvent.

All the dwelling houses in the district have a piped supply direct to the houses from public water mains.

The natural fluoride content of the two supplies in the Urban District is as follows:-

Metropolitan Water Board 0.20 parts per million
East Surrey Water Company 0.15 parts per million

SUMMARY OF ACTION UNDER THE HOUSING ACTS
RELATING TO CLEARANCE, DEMOLITION & CLOSING DURING 1970

Houses demolished during 1970	..	7
Houses previously unfit brought up to habitable standard		14
Houses where demolition orders operative	..	3
Houses closed	.. ..	14

Houses where Closing Orders operative	..	10
Houses acquired by the Council awaiting demolition		1
Houses in confirmed Clearance Areas	..	27
Premises where undertakings given not to use as dwellings		7
Houses where action was commenced	..	1

IMPROVEMENT GRANTS COMPLETED

The number of completed improvements where grant has been paid by the Council over the last seven years is as follows:
1964 - 52, 1965 - 72, 1966 - 78, 1967 - 75, 1968 - 66, 1969 - 70,
1970 - 100.

DETAILS OF ACTION TAKEN DURING 1970 UNDER THE HOUSING ACT 1964 - COMPULSORY IMPROVEMENT

Seven applications for compulsory improvement were received during the year. During 1970 the following actions resulted:-

(a) Dwellings where improvements completed	..	7
(b) Applications withdrawn by tenants	..	1
(c) Representations notified to persons in control of dwellings	.. ..	14
(d) Preliminary notices served	.. ..	14
(e) Immediate improvement notices served	..	6
(f) Appeal made	.. ..	-

HOUSING ACT 1969 - PART III - QUALIFICATION CERTIFICATES

- (i) (Where dwelling already satisfies conditions relating to standard amenities and condition of repair)

Applications received	..	..	190
" granted	..	..	42
" refused	..	..	69
" withdrawn	..	..	3
" outstanding	..	..	76

- (ii) (Where dwellings do not have all the standard amenities and are not in good repair)

Applications received	..	..	50
" granted	..	..	38
" withdrawn	..	..	1
" outstanding	..	..	11

RENT ACT - APPLICATIONS FOR CERTIFICATES OF DISREPAIR

(1) Number of applications for certificates	..	3
(2) Number of decisions not to issue certificates		-
(3) Number of decisions to issue certificates	..	3
(a) in respect of some but not all defects	3	
(b) in respect of all defects	-	
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	..	2
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule		-
(6) Number of certificates issued	..	1

STATISTICS

No. of houses completed by the Council during 1970	..	16*
No. of houses built by private enterprise during 1970		229
No. of Council houses under construction	..	59*
No. of private houses under construction	..	230
No. of dwellings provided by conversion	..	-

* old persons' dwellings

COMPLAINTS

The number of complaints received in respect of housing and drainage matters was	..	105
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NOTICES SERVED

Informal Notices (written and verbal) in respect of housing and drainage matters	..	69
Housing Act, 1957, Section 9, Notice requiring execution of works	..	1
Housing Act, 1957, Section 16, Notices of Time and Place for consideration of condition of house	..	8
Housing Act, 1957, Section 17, Orders for closing of houses and demolitions	..	7
Housing Act, 1957, Section 170 and Public Health Act, 1936, Section 277 Notices requiring information as to ownership of premises	..	82
Housing Act, 1964, Section 19 (2), Notification of Representations made in respect of dwellings for improvement	..	14

NOTICES SERVED (continued)

Housing Act, 1964, Section 19, Preliminary Notice of Local Authorities' proposals for improvement of dwellings	..	14
Housing Act, 1964, Section 19, Immediate Improvement Notices in respect of Dwellings not in Improvement Areas	..	6
Public Health Act, 1936, Section 39, Notice to drain buildings	..	2
Public Health Act, 1936, Section 45, Notice requiring repair of defective closet	..	1
Public Health Act, 1936, Section 93, Abatement Notices in respect of nuisances	..	11
Public Health Act, 1936, Section 93, and Noise Abatement Act 1960	..	1
Public Health Act, 1936, Section 138 and Water Act, 1945, Section 30, Notice to owner to provide water supply in pipes	..	10

CARAVANS

There are two permanent site licences in force for the stationing of single caravans, but only one site is in use.

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the Engineer and Surveyor for the following information, the inclusion of which is required by Circular 1/71 from the Department of Health & Social Security.

"FOUL DRAINAGE"

The Department of the Engineer & Surveyor & Town Planning Officer continued design work on the Pumping Station at Cobham intended to replace the existing treatment works by pumping sewage to the disposal works at Esher and it is anticipated that works will commence on site in the first half of 1971.

Investigations continued on the infiltration problems in the Claygate sewerage system and reconstruction proposals have been prepared which will shortly be submitted to the Council. Similar work has been carried out in the Cobham and Stoke D'Abernon area although, as this system is interconnected with the pumping station proposals, they are not so far advanced. It is, however,

continued

FOUL DRAINAGE (continued)

anticipated that a report will shortly be made to the Council.

Infiltration problems have again arisen in Long Ditton and the area concerned was the subject of a television survey.

Works were completed by the Engineer's Department on the Meadway, Esher, sewer designed to remove a number of properties from cesspool drainage. An extension of this scheme has been submitted to the frontagers for approval.

Work commenced on the replacement of the delivery sewer to the Molesey Works (£22,000) and was twenty five per cent complete at the end of the year.

SURFACE WATER DRAINAGE

A scheme (valued £910,000) has been prepared by the Engineer and Surveyor and Town Planning Officer and approved by the Council designed to relieve the River Rythe watercourse which has the largest catchment of any stream in the district. Plans have been submitted to the appropriate authorities for approval and negotiations are proceeding with regard to land acquisition.

A further scheme (valued £350,000) has been prepared to improve the second largest watercourse in the District (i.e. The Blundel Lane watercourse) and will be submitted to the Council for approval early in 1971.

A scheme prepared by the Engineer to alleviate flooding that occurs periodically in Rushett Close, Long Ditton, has been approved by the Council at a cost of £61,000, and has been submitted for loan sanction.

MAINTENANCE

Normal maintenance works were continued by the Engineer's Department throughout the year on both foul and surface water sewers, together with the desilting of numerous ditches and watercourses. It is thought that the latter particularly was useful in reducing the number of flooding incidents in the District.. "

FOOD AND DRUGS ADMINISTRATIONFOOD SAMPLING

During the year 135 samples of food and drugs were taken and submitted for analysis. Of the samples taken 5 were reported upon adversely and this represented 3.7 per cent of the total number. Adverse reports deal almost exclusively with the labelling or advertising of the product.

SAMPLES TAKEN

Almonds, ground	Cream, double
Almond ratafias	Creamola, crystals
Apple crumble	
Apple joy	Dates, dessert
	Dessert topping
Beef curry	Dessert whip
Beef, minced with carrots	
Beef, minced with onions & gravy	
Beef pie	Eclairs
Beef sausages	Eclairs, iced
Beef stock cubes	Egg noodles
Beetroot in vinegar	Egg plant in oil
Bemax	Eggs, scotch
Brazils, buttered	Essence, anchovy
Bread, part baked	Essence, rennet
Butter fudge	
Butterscotch dessert	Filling, fruit
	Filling, Shepherd's Pie
Cake, Battenburg	Fish fingers
Candy	Flavouring, lemon
Capers, French	Fruit, mixed dried
Caraway seed	
Celery, dried	Gelatine
Cheese, soft full fat	Ginger, ground
Chicken capri	Grill, ready meal
Chicken meal with rice	
Chocolate, drinking	Honey
Chocolates, Limmits	Horseradish
Cider	
Cinnamon, ground	Ice pops
Coffee, instant	
Coffee-mate	Jam
Crab, dressed	Jelly

SAMPLES TAKEN (Continued)

Lemon drink	Salts, Kruschen
Margarine	Sanatogen, multivitamins
Meat pie	Sauce, curry
Meringues	Sauce, spaghetti with meat
Mincemeat	Sausage rolls
Milk, C.I.	Shake, top
Milk, condensed	Shandy, Top Deck
Milk, shake syrup	Soup, Chicken
Mint Imperials	Spice, ground mixed
Mix, seasoned coating	Spread, chicken
Mixture, pudding	Spread, cheese
	Spread, turkey
	Steak and kidney pie
Nutmeg, ground	Steak, minced with onions & gravy
Nutmegs	Steak, savoury minced
	Steak, stewed in gravy
Pastilles, T.C.P. throat	Stew, Irish
Pate, game	Strawberries in syrup
Plurivite	Stuffing, sage and onion
Pork luncheon meat	Sugaree
Pork pie	Sultanas
Pork sausage meat	Swiss bar with lemon
Pork sausages with preservative	flavoured filling
Pork stuffed roll	Syrup, chocolate flavoured
Pork sausages	
Potato, mashed	Tablets, Hedex
Prawn, Ballichong	Tarts, assorted jam
Pudding, tapioca	Turkish delight
Quince conserve	Vinegar, malt
	Vinegar, cider
Ravioli, cheese filled	
	Wafer, Trimmets

Details of the samples reported upon adversely by the Public Analyst:-

<u>Sample No. and Description</u>	<u>Irregularity</u>	<u>Action taken or result</u>
No.17 (Informal) Irish Stew	The contents of the can were deficient in meat to the extent of 7 per cent, contrary to the Canned Meat Product Regulations 1967.	Letter sent to manufacturers for an explanation, who have replied that the analytical findings are not disputed, but they do not agree with the observations. The Local Authorities Joint Advisory Committee have agreed with the Trade to seek the opinion of a mutually acceptable counsel on the point in question.
No.84 (Informal) Dessert Topping	Incorrectly labelled. The list of ingredients included a term which was generic and not specific.	Manufacturers were written to and they have replied to say that this product has been discontinued and the small stock remaining will be totally cleared in a week or so.
No.109 (Informal) Mixed Dried Fruit	The sample was contaminated with foreign matter probably bird excreta.	Letter from importers received apologising, and stating that steps will be taken to prevent a recurrence.

No.134 (Informal) Ground Cinnamon	The sample was not of the nature of ground cinnamon. It consisted of ground cassia.	Formal sample has been obtained of the same brand from the same retailer and reported upon as genuine.
No.135 (Informal) Kruschen Salts	The sample was out of condition having solidified in the jar.	The few remaining jars in the retailer's possession were surrendered.

FOOD INSPECTION

The following is a list of diseased or otherwise unsound meat and other foods which were inspected and surrendered from food premises in the district and destroyed as being unfit for human consumption.

	<u>lbs</u>
Bacon	448
Beef	343
Cherries	6
Chickens	40
Chocolates	1
Currants	12
Duck	25
Figs	4
Fish - Skate	21
Fish - Smoked Haddock	35
Ham	4
Lamb	48
Liver, pigs'	1
Offal	20
Pate, meat	1
Pork	68
Sausage meat	57
Sultanas	6
Tongue, Ox	2
Turkey	412
Frozen Foods	280

FOOD INSPECTION (Continued)

	<u>Packs</u>
Ice-cream - complete	22
Ice-cream - broken	128
	<u>Tins</u>
Apples, Bramley	5
Beef, corned	5
Grapefruit, juice	59
Orange, juice	58
Raspberries, in syrup	24
	<u>Pkts</u>
Cream Sponges	10
Frozen Foods	8003

COMPLAINTS AND LEGAL PROCEEDINGS

Members of the public complained about seventy-two articles of food or drink and these were examined by Inspectors. This shows an increase of twenty-eight over last year's figures.

A number of the complaints were reported to the Health Committee and some warning letters were sent. In respect of the following articles, legal proceedings resulted.

Bottles of Milk

- (1) Contained a used cigarette filter tip. The retailer was fined £30 and costs of £10 were awarded to the Council.
- (2) Contained sandy-cement with particles of white dried milk solids. The retailer was fined £30 and costs of £10 were awarded to the Council.
- (3) Contained a sandy-cement residue. The retailer was fined £30 and costs of £10 were awarded to the Council.
- (4) Contained residue of some soil. The retailer was fined £40 and costs of £10 were awarded to the Council.

Bread

- (1) String embedded in a slice of bread. The retailer was fined £10 and costs of £10 were awarded to the Council.
- (2) Contained a nail in uncut loaf. The retailer was fined £20 and costs of £5 were awarded to the Council.

POULTRY INSPECTION

- (1) Number of poultry processing premises within the district 1
- (2) Number of visits to these premises .. 18
- (3) Total number of birds processed during the year 24,000
- (4) Types of birds processed - e.g. turkeys, ducks, hens, broilers, capons, etc. .. capons
- (5) Percentage of live birds rejected as unfit for human consumption 5%
- (6) Weight of poultry meat condemned as unfit for human consumption 830 lbs.
- (7) Comments on poultry processing and inspections:-

Slaughter takes place between 3 and 4 a.m., so that the poultry can reach market at 7 a.m. Birds are not eviscerated. Killing takes place usually on two days in the week, but this depends upon demand.

MILK AND DAIRIES REGULATIONS

Dealers' Licences

The following numbers of Dealers' Pre-packed Milk Licences were in force at the end of 1970:-

Licences to use the designation "Pasteurised"	27
Licences to use the designation "Sterilised"	14
Licences to use the designation "Untreated"	9
Licences to use the designation "Ultra Heat Treated"	25
Number of Milk Distributors registered in the area	27
Number of premises registered as Dairies (not being Dairy Farms) ..	4

Milk Sampling

The number of milk samples taken and submitted for the phosphatase and methylene blue tests to check the efficiency of pasteurisation, was 30. They were all satisfactory.

Brucella Abortus

The organism brucella abortus is responsible for contagious abortion in animals and undulant fever in man.

Tests for the presence of this organism were made in respect of 15 samples of untreated milk.

All the tests proved negative.

Dirty Milk Bottles

In the year under review eight complaints were received. In one case legal proceedings were instituted. Two dairies were concerned in connection with the eight complaints.

Proceedings were taken in respect of one bottle when the retailer was fined £30 and costs of £10 were awarded to the Council.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The following table shows the number of food premises in the district which are subject to these regulations:-

Bakers	..	..	17
Butchers	..	..	40
Clubs	..	..	55
Confectioners	..	..	51
Fishmongers	..	..	17
Food factories	..	..	1
Greengrocers	..	..	33
Grocers & General Stores	..	..	98
Hotels & Public Houses	..	..	56
Restaurants, Cafes, etc.	..	..	34
Schools	..	..	35
Industrial and other organisations' Canteens			28
		Total	<u>465</u>

Food Hygiene (written and verbal) Notices served 25

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants in this district.

Three samples of frozen liquid egg were taken for the Alpha-Amylase test to check the efficiency of pasteurisation and these were found to be satisfactory.

LICENSING OF SLAUGHTERMEN

Whilst no slaughtermen are employed in this area, there was one on the Register who received a licence for the year.

NOISE ABATEMENT

Thirty-three complaints of noise nuisance were received during the year, the main source being from industrial premises close to residential property. It was necessary to serve one abatement notice in the year and two informal notices.

CLEAN AIR ACT 1956MEASUREMENT OF AIR POLLUTION

Observations continued at the remaining volumetric station in Thames Ditton during the Winter months.

There were no unusual weather conditions and pollution readings remained consistent throughout the recording period.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

General inspections continued during the year and where infringements occurred notices were served, followed by further inspections to ensure compliance with the Act.

The general standard under the Act remains at a reasonably high level. The absence of complaints from employees suggests that there is lack of knowledge of the Act covering the various welfare provisions. This is borne out by the fact that abstracts of the Act are not always available to staff for reference and indicates the desirability of regular inspections.

Thirteen accidents were notified during the year none of which could be attributed to neglect on the part of employers. It does appear, however, that employers are failing to report accidents, this omission being mainly in small businesses. The human element of over familiarization in the operation of slicing machines is very evident. The investigation of one particular accident when an employee had his thumb amputated whilst cleaning a bacon slicer, proves this point. After the accident, he admitted that his own neglect had caused the accident as he had only been warned the previous evening to concentrate when cleaning the machine.

The failure of employers to register premises on the employment of staff continues to occur, this takes up the inspector's time in visiting premises to secure registration.

Lack of storage space is a problem, this causes obstruction to floors, passages and stairways. Supermarkets are the main offenders in this field.

Particular attention has been given to the Hoists and Lifts Regulations during the year. The occupiers of premises where lifts are installed seem well aware, however, of the dangers involved.

Inspections by insurance company surveyors have been carried out and certificates of safety issued. The Act is raising the standard of conditions generally, particularly in the larger stores and offices. It is noted that first floor premises previously used for domestic premises are being used for the smaller type of office; this is probably due to decentralization of offices from the London area.

The relationship between the Council's Inspectors and occupiers remains good and few problems of any importance arose in implementing the Act.

The first table following is the annual report made to the Ministry of Labour.

The second table is an analysis of accidents which have been reported over the twelve months.

The third table shows the analysis of contraventions found during the inspection of premises and in respect of which notices have been sent.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Annual report made to the Ministry of Labour for the period
1st January to 31st December 1970.

TABLE I

A. REGISTRATION AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	14	165	40
Retail shops	4	350	130
Wholesale shops warehouses	-	6	1
Catering establishments open to the public, canteens	-	45	6
Fuel storage depots	-	-	-
Totals	18	566	177
B. NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES - 294			

C. ANALYSIS OF PERSONS EMPLOYED IN REGISTERED
PREMISES BY WORKPLACE

Class of workplace	Number of persons employed
Offices	2555
Retail shops	1521
Wholesale departments, warehouses	67
Catering establishments open to the public	382
Canteens	30
Fuel Storage depots	-
Total	4555
Total Males	1968
Total Females	2587

TABLE II

ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail Shops	Wholesale Ware- houses	Catering Establishments open to public & Canteens	Fuel Storage Depots
Machinery	-	1	-	-	-
Transport	-	-	-	-	-
Falls of persons	1	-	-	-	-
Stepping on or striking against object or person	-	-	-	1	-
Handling goods	-	1	2	-	-
Struck by falling object	-	-	-	-	-
Fires and Explosions	-	-	-	-	-
Electricity	-	-	-	-	-
Use of hand tools	-	-	-	-	-
Not otherwise specified	3	2	1	1	-

TABLE III
ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions		
4	Cleanliness	..	1
5	Overcrowding	..	-
6	Temperature	..	2
7	Ventilation	..	1
8	Lighting	..	-
9	Sanitary conveniences	..	-
10	Washing facilities	..	-
11	Supply of drinking water	..	-
12	Clothing accommodation	..	-
13	Sitting facilities	..	-
14	Seats (sedentary workers)	..	-
15	Eating facilities	..	-
16	Floors, passages and stairs	..	3
17	Fencing exposed parts machinery	..	-
18	Protection of young persons from dangerous machinery	..	-
19	Training of young persons working at dangerous machinery	..	-
23	Prohibition of heavy work	..	-
24	First aid	..	-
	Other matters	..	2
Total			9

SHOPS ACT 1950

Sunday Traders

It was necessary to send warning letters to two retailers for contravention of Section 47 of the Act.

FACTORIES ACTS, 1937 to 1959

1. Inspections for purposes of provisions as to health: Part I

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	26	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	237	10	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	-	-	-	-
Total	243	10	-	-

2. Cases in which Defects were found:

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7):-					
(a) Insufficient	1	1	-	1	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Total	1	1	-	1	-

There is a nil return under Part VIII of the Factory Act (Sections 110 and 111), which deals with outwork.

PREVENTION OF DAMAGE BY PESTS

CONTROL OF RATS & MICE

Tabulated below are details of information required annually by the Ministry of Agriculture, Fisheries and Food. During the year under review the total number of complaints received by the Department was 585.

Report for 12 months ended 31st December, 1970

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district ..	25,304	32
2. (a) Total number of properties (including nearby premises) inspected following notification	775	10
(b) Number infested by:		
(i) Rats	694	7
(ii) Mice	81	3
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	327	33
(b) Number infested by:		
(i) Rats	130	12
(ii) Mice	12	3
Number of sewers infested by rats during the year	-	-

CONTROL OF FOXES

This duty, which has been exercised in the past by the Infestation Control Branch of the Ministry of Agriculture, Fisheries and Food, terminated on the 1st April, 1970.

The Surrey County Districts' Association considered the matter and decided that any problems should be dealt with individually by the district council concerned.

The work done by the Ministry in the urban district amounted to the treatment of 12 to 20 fox earths per annum. In addition, organised shoots were arranged and individual complaints received attention.

From the beginning of April to the end of September Mr. R.J. Clarke, Technical Assistant in the department and a specialist in this field, undertook this work and following his retirement he has been retained by the Council on a part-time basis to deal with fox earths and any complaints.

PETROLEUM (CONSOLIDATION) ACT, 1928

During 1970, 75 premises within the Urban District were licensed to store (at any one time) 333,056 gallons of Petroleum Spirit and Petroleum Mixtures.

There are 4 self-service stations in the district, 1 at Cobham, (unattended), 2 at Molesey and 1 at Esher (attended).

GENERAL PUBLIC HEALTH MATTERSCOMPLAINTS

The number received re miscellaneous health matters during the year was	325
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NOTICES SERVED

Informal Notices	6
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DISINFECTION

Following cases of infectious disease, disinfection was carried out in respect of rooms or bedding at 4 premises.

SPRAYING OF PONDS AND DITCHES

The routine spraying of stagnant water with oil for the control of mosquitoes was carried out as usual.

SWIMMING POOLS

Inspections were made during the swimming season and water samples were taken at public pools and at those used by schools.

RIDING ESTABLISHMENTS ACT, 1964

This Act came into operation on 1st April, 1965. It provides a system of licensing and inspection by the local authority of establishments at which a business of letting out horses on hire for riding, or for use in providing instruction in riding, is carried on.

Four premises were licensed during the year.

The licences were granted following reports on the animals and the premises by Mr. M. Rand, M.R.C.V.S., the Veterinary Surgeon appointed by the Council for this specific duty.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act regulates the keeping of boarding establishments for animals, and the main provisions relate to their accommodation in regard to construction, size of quarters, number of occupants, exercising facilities, temperature, lighting, ventilation, cleanliness, etc.

One licence was granted during the year under review.

PET ANIMALS ACT, 1951

Four applications were received and four licences were granted for the year 1970.

COMMON LODGING HOUSES

There is none registered within the Urban District.

RAINFALL

Table showing rainfall in the district during 1970 taken at
Esher Water Pollution Control Works:-

			<u>Total Rainfall</u>
			<u>Inches</u>
January	..	..	2.37
February	..	..	1.64
March	..	..	1.64
April	..	..	2.15
May	..	..	0.99
June	..	..	0.84
July	..	..	1.93
August	..	..	1.90
September	..	..	1.85
October	..	..	0.47
November	..	..	6.27
December	..	..	1.62
Total			<hr/> 23.67 <hr/>

Compared with the figures for the previous year this is an
increase of 00.34 of an inch.

The average yearly rainfall for the past five years was 27.06

